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FORM 3 For An Authorized Committee					Office Use Only	
NAME OF COMMITTEE (in	TYPE OR I	PRINT ▼	Example: If ty		12FE4M5	
Cory Booker fo	or Senate					
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ADDRESS (number ar	PO Box 3	2237	1111			
Check if did than previous reported. (A	usly i Newark				<u> </u>	07102
2. FEC IDENTIFIC	CATION NUMBER •	CI	TY▲		STATE A	ZIP CODE
C C0054050	00	3. IS T	THIS NI	EW I) OR	AMEND (A)	STATE ▼ DISTRICT ED NJ 00
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(a) Quarterly R April 15 July 15 Octobe January	PORT (Choose One) eports: 5 Quarterly Report (Q1) Quarterly Report (Q2) r 15 Quarterly Report (Q2) r 31 Year-End Report (Yation Report (TER)	D3) Elec E) (c) 30-D	Primary (1 Convention on OB Oay POST-Election of General (3)	2P) n (12C) / 0 13 / / Report for the:	General (1 Special (12 2013 Runoff (30	in the NJ State of
5. Covering Period	M M / D 01	P / Y Y 2013	throug	м м h 07	/ 0 D /	2013
I certify that I have of Type or Print Name	examined this Report a	١.		nd belief it is t	rue, correct and	l complete.
Signature of Treasure	er Scott Kopto	vdC1	Dym	1 ,	Date 08	, D D , Y Y Y Y Y Y Y Z Y Z Z Z Z Z Z Z Z Z Z
	false, erroneous, or inc	omplete informati	ion may subject the	person signing	this Report to the	ne penalties of 2 U.S.C. §437g.
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